

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	J&J-5086USPCT
		First Named Inventor	CURT BINNER et al
		COMPLETE IF KNOWN	
		Application Number	10/576,530
		Filing Date	10/21/2004
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ABSORBENT TAMPON PROVIDING CLEAN DIGITAL INSERTION
(*Title of the Invention*)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **10/21/2004** as United States Application Number or PCT International Application Number

10/576,530 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/>	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/516958	10/31/2003	<input type="checkbox"/>	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented
		Patented
		Patented

I hereby appoint:

Practitioners at Customer Number 000027777 →

Place Customer

Number Bar Code

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AND

Practitioner(s) named below:

Name

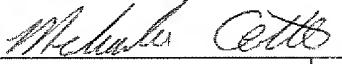
Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

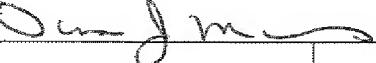
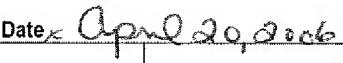
Address all telephone calls to JOEL A. ROTHFUS at telephone number (732) 524-2722.

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number <input type="checkbox"/> or Bar Code Label	000027777	OR	<input type="checkbox"/> Correspondence address below
Name:				
Address:				
Address:				
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Country	Telephone:	Fax:		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Curt		Family Name or Surname Binner	
Inventor's Signature 	Date 8/24/07		
Residence: City Furlong	State PA	Country USA	Citizenship USA
Mailing Address 3615 Smith Road,			
City Furlong	State PA	ZIP 18925	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Melinda		Family Name or Surname Cettina	
Inventor's Signature 	Date 8/24/07		
Residence: City Robbinsville	State NJ	Country USA	Citizenship USA
Mailing Address 11 Trellis Way			
City Robbinsville	State NJ	ZIP 08691	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gina J.		Family Name or Surname Marcus	
Inventor's Signature	Date		
Residence: City Lawrenceville	State NJ	Country USA	Citizenship USA
Mailing Address 207 Eagles Chase Drive			
City Lawrenceville	State NJ	ZIP 08648	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Curt		Family Name or Surname Binner	
Inventor's Signature		Date	
Residence: City Somerset	State NJ	Country USA	Citizenship USA
Mailing Address 42 Carlisle Court			
City Somerset	State , NJ	ZIP 08873	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Melinda		Family Name or Surname Cettina	
Inventor's Signature		Date	
Residence: City Robbinsville	State NJ	Country USA	Citizenship USA
Mailing Address 11 Trellis Way			
City Robbinsville	State NJ	ZIP 08691	Country USA
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gina J.		Family Name or Surname Marcus	
Inventor's Signature 		Date 	
Residence: City Lawrenceville	State NJ	Country USA	Citizenship USA
Mailing Address 207 Eagles Chase Drive			
City Lawrenceville	State NJ	ZIP 08648	Country USA

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NAME OF THIRD INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) George	Family Name or Surname	Quirk	
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Residence: City Lawrenceville	State NJ	Country USA	Citizenship USA
Mailing Address 960 Lawrence Road			
City	Lawrenceville	State NJ	ZIP 08648
			Country USA